

10/526457

DT01 Rec'd PCT/PT 03 MAR 2005

**APPLICATION DATA SHEET**

**Application Information**

Application Number::	New
Filing Date::	03/03/05
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Sequence Submission::	None
Title::	PURINE NUCLEOSIDES AS ANTI- APOPTOTIC AGENTS
Attorney Docket Number::	BEP 3006.01
Request for Early Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition Included?::	No
Licensed US Govt. Agency::	None

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Francesco
Middle Name::	
Family Name::	Caciagli
Name Suffix::	
City of Residence::	Chieti
Country of Residence::	Italy
Street Mailing Address::	Vie Dei Vestini, 172-C
City of Mailing Address::	Chieti

Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: I-66013  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Renata  
Middle Name::  
Family Name:: Ciccarelli  
Name Suffix::  
City of Residence:: Chieti  
Country of Residence:: Italy  
Street Mailing Address:: Via Dei Sabelli, N. 40  
City of Mailing Address:: Chieti  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: I-66100  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Patrizia  
Middle Name::  
Family Name:: Di Lorio  
Name Suffix::  
City of Residence:: Chieti  
Country of Residence:: Italy  
Street Mailing Address:: Via Dei Vestini, 172-C  
City of Mailing Address:: Chieti  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: I-66013

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Sonya  
Middle Name::  
Family Name:: Kleywegt  
Name Suffix::  
City of Residence:: Guelph  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street Mailing Address:: 31 Carrington Place  
City of Mailing Address:: Guelph  
State or Province of Mailing Address:: Ontario  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: N1G 5C2  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Eva  
Middle Name:: Susanne  
Family Name:: Werstiuk  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street Mailing Address:: 38 Whitton Road  
City of Mailing Address:: Hamilton  
State or Province of Mailing Address:: Ontario

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Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: L8S 4C7  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Michel  
Middle Name:: P.  
Family Name:: Rathbone  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street Mailing Address:: 15 Ricardo Court  
City of Mailing Address:: Hamilton  
State or Province of Mailing Address:: Ontario  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: L8W 2S1  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Eva  
Middle Name::  
Family Name:: Vertes  
Name Suffix::  
City of Residence:: Dundas  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street Mailing Address:: 5 Highland Park Drive

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City of Mailing Address:: Dundas  
 State or Province of Mailing Address:: Ontario  
 Country of Mailing Address:: Canada  
 Postal or Zip Code of Mailing Address:: L9H 3L7

**Correspondence Information**

Correspondence Customer Number:: 30868  
 Name:: Arlir M. Amado  
 Street of Mailing Address:: Kramer & Amado, P.C.  
 2001 Jefferson Davis Highway  
 Suite 1101

City of Mailing Address:: Arlington  
 State or Province of Mailing Address:: VA  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 22202  
 Phone Number:: 703-413-5000  
 Fax Number:: 703-413-5048  
 E-mail address:: [arlir@kramerip.com](mailto:arlir@kramerip.com)

**Representative Information**

Representative Customer Number::	30868
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Utility Filing	60/407,310	09/03/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/CA03/001291	09/03/03	Yes